

Vitamin Deficiency Test

Name:	Date:
-------	-------

Instructions: Please read each statement below and indicate whether you have experienced the symptom in the past month by selecting the appropriate response. Add your total points for each category at the end of the questionnaire to get a score. The score interpretation is provided at the end.

Category	Symptoms	Yes (1 point)	No (0 point)
Vitamin A		Score:	
Night blindness	I have difficulty seeing in low light or darkness.	<input type="radio"/>	<input type="radio"/>
Dry eyes	My eyes feel dry or irritated.	<input type="radio"/>	<input type="radio"/>
Dry skin	My skin is dry or itchy.	<input type="radio"/>	<input type="radio"/>
Vitamin B1 (Thiamine)		Score:	
Fatigue	I feel tired or lack energy.	<input type="radio"/>	<input type="radio"/>
Loss of appetite	I have little or no desire to eat.	<input type="radio"/>	<input type="radio"/>
Muscle weakness	My muscles feel weak or have aches.	<input type="radio"/>	<input type="radio"/>
Vitamin B2 (Riboflavin)		Score:	
Tingling in hands/feet	I experience tingling or numbness in my hands or feet.	<input type="radio"/>	<input type="radio"/>
Memory problems	I have difficulty remembering things or have memory loss.	<input type="radio"/>	<input type="radio"/>
Fatigue	I feel tired or lack energy.	<input type="radio"/>	<input type="radio"/>
Vitamin C		Score:	
Easy bruising	I quickly develop bruises or have trouble with bleeding.	<input type="radio"/>	<input type="radio"/>
Dry skin	My skin is dry or itchy.	<input type="radio"/>	<input type="radio"/>
Slow wound healing	My cuts or wounds take longer than usual to heal.	<input type="radio"/>	<input type="radio"/>
Vitamin D		Score:	
Muscle weakness	My muscles feel weak or have aches.	<input type="radio"/>	<input type="radio"/>
Bone pain	I experience bone pain or tenderness.	<input type="radio"/>	<input type="radio"/>
Mood swings	I experience mood swings all the time.	<input type="radio"/>	<input type="radio"/>
Vitamin E		Score:	
Weakness	My muscles feel weak or have aches.	<input type="radio"/>	<input type="radio"/>
Loss of balance	I experience a loss of balance or coordination.	<input type="radio"/>	<input type="radio"/>
Difficulty walking	I have difficulty walking or experience an unsteady gait.	<input type="radio"/>	<input type="radio"/>

Score Interpretation:

Add the points for each "Yes" response for each category to get a total score.

- A score of 0-1 indicates no deficiency or mild deficiency.
- A score of 2 indicates a moderate deficiency.
- A score of 3 indicates a severe deficiency.

Note: This questionnaire is not intended to diagnose or treat any condition. If you have any concerns about your health or suspect that you may have a vitamin deficiency, you should consult a healthcare provider.